



SECONDHAND DEALER LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

DEFINITIONS: "Secondhand dealer" means any person, firm, partnership, corporation or association operating, owning or leasing a fixed place of business for the purchase, sale or exchange of any secondhand articles of personal property.

"Secondhand" means previously owned by a member of the general public immediately prior to the transaction at hand. It does not mean previously owned by a wholesaler, retailer or another secondhand dealer.

LICENSE PERIOD: January 1 thru December 31, Annually

APPLICATION: Return completed applications to City Clerk License Division, Room 105, City Hall, 200 E. Wells Street, Milwaukee, WI 53202.

FEE: \$50 per application. Fee must be submitted with application. Make checks payable to: **City of Milwaukee.**

SIGNATURES: Signature of the individual, a partner, the agent or any officer of a corporation, or the agent or any member of a Limited Liability Company is required.

REQUIREMENTS: No license shall be granted to any person who has not resided in the state of Wisconsin continuously for a period of at least one year prior to the filing of his or her application.

Contact the City of Milwaukee Development Center, Permit Desk, located on the 1st floor at 809 N. Broadway, (414) 286-8211, to determine if other permit are needed. Information regarding occupancy permits is available online:

<http://www.mkedcd.org/build/pdfs/occcert.pdf>

Contact the State of Wisconsin Department of Revenue, Room 408, 819 N. 6th St, (414) 227-4000, to determine if a state seller's permit is needed. Information is available online at: <http://www.dor.state.wi.us/>

POLICE INVESTIGATION: The Milwaukee Police Department conducts a background investigation of all license applicants. A representative of the police department in the course of conducting its investigation may contact applicants.

EXEMPTIONS: This license is not required for those parties dealing in motor vehicles, coins, stamps, gold and silver bullion, secondhand jewelry, videos, video games, cassettes, compact discs, baseball cards, secondhand books and magazines, works of fine art and secondhand industrial machinery and equipment; a business as a licensed precious metal and gem dealer, pawnbroker, junk collector, junk dealer or auctioneer; transactions at occasional garage or yard sales, estate sales, coin, gem, stamp or antique shows, conventions or auctions; or to any charitable organization or to any person conducting a sale the proceeds of which are donated to a charitable organization.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$25, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is \$8. You must bring a current photo Identification.

Regulations relating to Secondhand Dealers are provided in s. 92-2 of the Milwaukee Code or Regulations relating to SECONDHAND DEALERS are provided in s. 92-2 of the Milwaukee Code of Ordinances and are available online <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11



**City
of
Milwaukee**

SECONDHAND DEALER LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
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Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)
☐ Corporation, LLC or LLP (Fill out Section B, C, D & E)

Section A	<u>INDIVIDUAL OR PARTNERSHIP:</u>	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section B	Place of Birth:	Place of Birth:
	<u>Business Name:</u>	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	
Section B	Indicate Type of Merchandise being sold:	
	<u>BUILDING OWNER:</u> Name (Last, First & Middle Initial):	<u>ADDRESS:</u> (Include City, State, & Zip Code):
	<u>Full Name of corporation or limited liability company:</u>	
Section C	State of Incorporation:	
	<i>Agent Or Business Manager:</i>	
	Full Name (Last, First & Middle Initial):	Home Street Address:
	Date of Birth:	Home City, State, Zip Code:
	Place of Birth:	Home Phone Number: () -
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

Section C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section D	<p>Has anyone listed on this application been convicted within the preceding 10 years of a any crime, petty misdemeanor, or municipal ordinance violation relating to theft, damage or trespass to property or operation of a business, in which the circumstances of the crime, misdemeanor or other offense substantially relate to the circumstance of the licensed activity? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, name person (s), date(s), charge(s) and penalties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p style="text-align: center;">_____ Print Your Name and Title (ie: ind/part/agt/member/etc.)</p> <p style="text-align: center;">_____ Signature</p>	
	Section E	

Office Use Only:**Initials:** _____ **Filed:** _____ **License #:** _____**Granted:** _____